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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10/01, 2016, and ending 06/30, 2017

B Check if applicable:
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1199 PRINCE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ATHENS, GA 30606

D Employer identification number
58-2179986

E Telephone number
(706) 475-7000

G Gross receipts $ 498,193,577.

F Name and address of principal officer CHARLES PECK, PRESIDENT & CEO
1199 PRINCE AVENUE ATHENS, GA 30606

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.PIEDMONT.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1987 M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROVISION OF HEALTHCARE SERVICES.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3,332.
6	Total number of volunteers (estimate if necessary)	6	580.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	450,371.	0.
9	Program service revenue (Part VIII, line 2g)	407,798,730.	347,685,823.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	510,764.	147,373,445.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,769,909.	3,134,309.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	421,529,774.	498,193,577.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	35,600.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	187,725,534.	156,847,807.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	242,198,579.	159,195,708.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	429,924,113.	316,079,115.
19	Revenue less expenses Subtract line 18 from line 12	-8,394,339.	182,114,462.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	357,277,791.	476,703,326.
21	Total liabilities (Part X, line 26)	266,891,344.	252,385,720.
22	Net assets or fund balances Subtract line 21 from line 20	90,386,447.	224,317,606.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 5/15/18

▶ MARIE GAFFNEY VP CORP. FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
SHAWN HUTCHINSON , CPA	Shawn Hutchinson	5/15/18		P01048557

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401 — Phone no 336-275-3394

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

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Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

THE MISSION OF PIEDMONT ATHENS REGIONAL MEDICAL CENTER IS TO IMPROVE THE LIVES AND HEALTH OF THOSE WE TOUCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 291,576,740 including grants of $ _____) (Revenue $ 348,196,955)

PIEDMONT ATHENS REGIONAL MEDICAL CENTER ("PAR") IS A 360-BED FACILITY LOCATED IN THE CITY OF ATHENS IN CLARKE COUNTY, GEORGIA. OVER 500 PRIMARY CARE AND SPECIALTY PHYSICIANS COMPRISE THE MEDICAL STAFF AND MEET THE PROFESSIONAL CLINICAL NEEDS OF CHILDREN, ADULTS, AND SENIORS WITHIN ATHENS AND THE SURROUNDING NORTHEAST GEORGIA MARKET, REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY FOR SERVICES. FOR THE PERIOD FROM OCTOBER 1, 2016 THROUGH JUNE 30, 2017, THE HOSPITAL HAD 14,818 IN-PATIENT ADMISSIONS WITH A TOTAL OF 65,892 DAYS OF IN-PATIENT HOSPITALIZATION. ER VISITS TOTALED 64,171 AND OUTPATIENT VISITS TOTALED 167,629. SURGICAL SERVICES WERE PROVIDED TO 10,947 PATIENTS.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 291,576,740.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A.*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V.*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII.*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I.*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	151		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . .	2a	3,332		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X	
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ GA,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
MARIE GAFFNEY 2727 PACES FERRY RD, BLDG 2, STE 700 ATLANTA, GA 30339 470-271-6007

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) G. MICHAEL SMITH	3.00									
TRUSTEE	15.00	X						0.	0.	0.
(2) RICHARD B. RUSSELL, JR	3.00									
VICE CHAIR	15.00	X						0.	0.	0.
(3) CHARLES PECK, M.D.	3.00									
PRESIDENT/CEO	52.00	X		X				467,652.	723,261.	41,202.
(4) KEVIN BROWN	3.00									
CEO, PHC	52.00	X		X				0.	1,827,798.	337,662.
(5) JAMES H. HOPKINS	3.00									
CHAIR	15.00	X						0.	0.	0.
(6) DEXTER L. FISHER	3.00									
TRUSTEE	15.00	X						0.	0.	0.
(7) MICHAEL D. GARRETT	3.00									
TRUSTEE	15.00	X						0.	0.	0.
(8) CHERYL K. LEGETTE	3.00									
TRUSTEE	15.00	X						0.	0.	0.
(9) CHARLES L. OGBURN III, M.D.	3.00									
TRUSTEE	15.00	X						0.	0.	0.
(10) JANE M. PARKS, M.D.	3.00									
TRUSTEE	15.00	X						0.	0.	0.
(11) DAVID M. SAILORS, M.D.	3.00									
TRUSTEE	15.00	X						0.	0.	0.
(12) TRACEY WORTHINGTON STICE	3.00									
TRUSTEE	15.00	X						0.	0.	0.
(13) SAMUEL K. THOMASON, D.M.D.	3.00									
VICE CHAIR	15.00	X						0.	0.	0.
(14) WENDY COOK	3.00									
SECRETARTY THRU 3/16/17, CFO	52.00			X				175,350.	428,341.	59,930.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ELIZABETH LEDDY	1.00									
SECRETARY FROM 3/17/17	54.00			X				0.	0.	0.
(16) LORI GILES	40.00									
VP & CNO	0.				X			318,707.	0.	44,538.
(17) GEOFFREY COLE, MD	40.00									
VP, ANCILLARY SVCS	0.				X			415,988.	0.	28,767.
(18) NORMAN BURKETT, JR	40.00									
VP, PROF SVCS	0.				X			354,917.	0.	31,649
(19) DIANE TODD	40.00									
VP CORP - COMPLIANCE & OPS	0.				X			311,171.	0.	28,425.
(20) JAMES APPIAH-PIPPIM, MD	40.00									
FACULTY	0.				X			337,797.	0.	17,811.
(21) ROBERT FINCH	40.00									
VP HUMAN RESOURCES	0.				X			124,431.	226,279.	21,501.
(22) TAMMY GILLAND	40.00									
VP FOUNDATION	0.				X			270,024.	0.	9,140.
(23) LOUIS DUHE	40.00									
VP AND CIO	0.				X			169,284.	132,158.	38,471.
(24) JODY CORRY	40.00									
VP IN HOUSE LEGAL	0.				X			128,301.	255,064.	16,650.
(25) ROBERT SINYARD JR. MD	40.00									
VP MEDICAL AFFAIRS	0.				X			511,856.	0.	72,121.
1b Sub-total ▶								643,002.	2,979,400.	438,794.
c Total from continuation sheets to Part VII, Section A ▶								4,451,144.	1,019,246.	521,325.
d Total (add lines 1b and 1c) ▶								5,094,146.	3,998,646.	960,119.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 166

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 74

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) PAUL COLLAR	40.00									
DIR, MANAGED CARE	0.					X		271,361.	0.	30,341.
(27) DARREL LAWSON	40.00									
EXC. DIR, REVENUE CYCLE	0.					X		270,333.	0.	23,368.
(28) DON TYSON	40.00									
DIR, PHARMACY	0.					X		224,833.	0.	23,767.
(29) MARIE DIFRANCESCO	40.00									
DIRECTOR APPLICATION SERVICES	0.					X		212,824.	0.	20,260.
(30) CATHERINE APALOO	40.00									
FACULTY PROGRAM DIRECTOR	0.					X		319,785.	0.	34,019.
(31) JAMES G THAW	0.									
FORMER OFFICER	0.						X	0.	405,745.	60,861.
(32) JAMES MOORE, MD	40.00									
VP & CMO	0.						X	209,532.	0.	19,636.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 166

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		0			
Program Service Revenue		Business Code				
	2a HEALTHCARE SERVICES	622110	339,677,477	339,677,477		
	b PHARMACY	900099	4,007,969	4,007,969		
	c OTHER OPERATING REVENUE	900099	3,763,310	3,763,310		
	d PARKING	900099	237,067			237,067
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		347,685,823			
	3 Investment income (including dividends, interest, and other similar amounts) ▶		160,951			160,951
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents	890,728				
	b Less rental expenses					
	c Rental income or (loss)	890,728				
	d Net rental income or (loss) ▶		890,728			890,728
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		147,212,494			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)		147,212,494			
	d Net gain or (loss) ▶		147,212,494			147,212,494
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from fundraising events ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances a	254,800				
	b Less cost of goods sold b	0				
	c Net income or (loss) from sales of inventory ▶		254,800			254,800
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA SALES	722210	1,477,649			1,477,649
	b ALL OTHER REVENUE	900099	511,132	511,132		
	c					
	d All other revenue					
	e **Total** Add lines 11a-11d ▶		1,988,781			
	12 **Total revenue** See instructions ▶		498,193,577	347,959,888		150,233,689

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	35,600.	35,600.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	705,776.	664,912.	40,864.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	209,532.		209,532.	
7 Other salaries and wages	124,729,552.	117,705,111.	7,024,441.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	22,603,291.	21,294,560.	1,308,731.	
10 Payroll taxes	8,599,656.	8,101,736.	497,920.	
11 Fees for services (non-employees)				
a Management	2,759,025.		2,759,025.	
b Legal	291,906.		291,906.	
c Accounting	176,814.		176,814.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,402,487.	29,596,539.	1,805,948.	
12 Advertising and promotion	2,156,012.	1,617,009.	539,003.	
13 Office expenses	9,533,797.	9,487,369.	46,428.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	8,148,702.	6,754,220.	1,394,482.	
17 Travel	422,817.	376,795.	46,022.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	18,670,999.	14,003,249.	4,667,750.	
23 Insurance	2,380,083.		2,380,083.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES & DRUGS	64,268,569.	64,268,569.		
b BAD DEBT EXPENSE	15,700,931.	15,700,931.		
c OTHER EXPENSES	3,283,566.	1,970,140.	1,313,426.	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	316,079,115.	291,576,740.	24,502,375.	
26 **Joint costs** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		0.	1	86,778,037.
	2	Savings and temporary cash investments		50,300,169.	2	0.
	3	Pledges and grants receivable, net		0.	3	0.
	4	Accounts receivable, net		54,321,501.	4	79,943,019.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0.	6	0.
	7	Notes and loans receivable, net		0.	7	0.
	8	Inventories for sale or use		7,121,046.	8	9,146,818.
	9	Prepaid expenses and deferred charges		6,386,161.	9	9,477,229.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 304,482,113.			
	b	Less accumulated depreciation	10b 13,123,890.	225,238,823.	10c	291,358,223.
	11	Investments - publicly traded securities		0.	11	0.
	12	Investments - other securities See Part IV, line 11		0.	12	0.
	13	Investments - program-related See Part IV, line 11		0.	13	0.
	14	Intangible assets		0.	14	0.
	15	Other assets See Part IV, line 11		13,910,091.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		357,277,791.	16	476,703,326.
Liabilities	17	Accounts payable and accrued expenses		62,132,934.	17	59,328,760.
	18	Grants payable		0.	18	0.
	19	Deferred revenue		0.	19	0.
	20	Tax-exempt bond liabilities		204,758,410.	20	192,987,935.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties		0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0.	25	69,025.
	26	**Total liabilities.** Add lines 17 through 25		266,891,344.	26	252,385,720.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		90,386,447.	27	224,317,606.
	28	Temporarily restricted net assets		0.	28	0.
	29	Permanently restricted net assets		0.	29	0.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		90,386,447.	33	224,317,606.
	34	Total liabilities and net assets/fund balances		357,277,791.	34	476,703,326.

Form **990** (2016)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	498,193,577.
2	Total expenses (must equal Part IX, column (A), line 25)	2	316,079,115.
3	Revenue less expenses Subtract line 2 from line 1	3	182,114,462.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	90,386,447.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	-90,386,447.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	42,203,144.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	224,317,606.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.	58-2179986

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (***see instructions***)*

a ☐ The organization satisfied the Activities Test *Complete* ***line 2*** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in* ***Part VI*** *how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	**Excess distributions carryover to 2017** Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

Employer identification number

58-2179986

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII . . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶_____%
- b Permanent endowment ▶_____%
- c Temporarily restricted endowment ▶_____%

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,704,801.		19,704,801.
b Buildings		186,434,220.	5,631,070.	180,803,150.
c Leasehold improvements		2,550,029.	1,851,627.	698,402.
d Equipment		82,024,329.	5,641,193.	76,383,136.
e Other		13,768,734.		13,768,734.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ▶				291,358,223.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶		

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MISCELLANEOUS ACCOUNTS RECEIVABLE	50,088.
(3) OTHER DEFERREDS	18,937.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	69,025.

2 Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

FORM SCH D PART X LINE 2

ASC 740 FOOTNOTE (FKA FIN 48)

PHC ACCOUNTS FOR INCOME TAXES UNDER THE PROVISIONS OF THE INCOME TAXES TOPIC OF THE ASC (ASC 740). UNDER THE REQUIREMENTS OF ASC 740, TAX-EXEMPT ORGANIZATIONS MAY BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AT JUNE 30, 2017 AND 2016.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

Employer identification number
58-2179986

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b	If "Yes," was it a written policy?	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☒ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a	Did the organization prepare a community benefit report during the tax year?		X
b	If "Yes," did the organization make it available to the public?		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,101,076.		8,101,076.	2.70
b Medicaid (from Worksheet 3, column a)			14,987,097.	15,899,072.		
c Costs of other means-tested government programs (from Worksheet 3, column b)					3,385,098.	1.13
d **Total** Financial Assistance and Means-Tested Government Programs			23,088,173.	15,899,072.	11,486,174.	3.83
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,079,190.		1,079,190.	.36
f Health professions education (from Worksheet 5)			1,007,188.		1,007,188.	.34
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			589,781.		589,781.	.20
j **Total.** Other Benefits			2,676,159.		2,676,159.	.90
k **Total** Add lines 7d and 7j			25,764,332.	15,899,072.	14,162,333.	4.73

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	X	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 15,700,107.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	84,865,277.	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	81,707,079.	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	3,158,198.	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	NONE				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A Hospital Facilities
(list in order of size, from largest to smallest - see instructions)
How many hospital facilities did the organization operate during the tax year? 1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 PIEDMONT ATHENS REGIONAL MED CENTER 1199 PRINCE AVENUE ATHENS GA 30606 WWW.PIEDMONT.ORG 029-007	X	X					X			1
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group PIEDMONT ATHENS REGIONAL MED CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[ ] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	[X] Hospital facility's website (list url) WWW.PIEDMONT.ORG			
b	[ ] Other website (list url)			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2017			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url) WWW.PIEDMONT.ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group PIEDMONT ATHENS REGIONAL MED CENTER

				Yes	No
		Did the hospital facility have in place during the tax year a written financial assistance policy that			
13		Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	X	
	a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 0000 % and FPG family income limit for eligibility for discounted care of 125 0000 %			
	b	[ ] Income level other than FPG (describe in Section C)			
	c	[ ] Asset level			
	d	[ ] Medical indigency			
	e	[X] Insurance status			
	f	[X] Underinsurance status			
	g	[ ] Residency			
	h	[ ] Other (describe in Section C)			
14		Explained the basis for calculating amounts charged to patients?	14	X	
15		Explained the method for applying for financial assistance?	15	X	
		If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
	b	[ ] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c	[ ] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e	[ ] Other (describe in Section C)			
16		Was widely publicized within the community served by the hospital facility?	16	X	
		If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a	[X] The FAP was widely available on a website (list url) WWW.PIEDMONT.ORG			
	b	[X] The FAP application form was widely available on a website (list url) WWW.PIEDMONT.ORG			
	c	[X] A plain language summary of the FAP was widely available on a website (list url) WWW.PIEDMONT.ORG			
	d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group PIEDMONT ATHENS REGIONAL MED CENTER

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		X
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- c ☒ Processed incomplete and complete FAP applications
- d ☒ Made presumptive eligibility determinations
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	X	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group PIEDMONT ATHENS REGIONAL MED CENTER

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	[X]	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	[ ]	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	[ ]	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	[ ]	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	23		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	24		X

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc) and name of hospital facility.

SCH H, PART V, LINE 2

ON SEPTEMBER 30, 2016, ATHENS REGIONAL HEALTH SYSTEM, INC. WAS MERGED INTO PIEDMONT ATHENS REGIONAL MEDICAL CENTER ("PAR")(FKA ATHENS REGIONAL MEDICAL CENTER. ON OCTOBER 1, 2016, PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC. ENTERED INTO AN AFFILIATION AGREEMENT WITH PIEDMONT HEALTHCARE, INC., WHEREBY PIEDMONT HEALTHCARE BECAME THE ORGANIZATION'S SOLE MEMBER AND PAR JOINED THE PIEDMONT HEALTHCARE SYSTEM OF TAX-EXEMPT HOSPITALS. PAR WAS ALREADY CLASSIFIED AS A TAX-EXEMPT HOSPITAL PRIOR TO ITS ACQUISITION AND FILED ALL REQUIRED FORMS 990 AND ACCOMPANYING SCHEDULES H.

SCH H, PART V, SECTION B, LINE 3

ATHENS REGIONAL CONDUCTED A 2015 CHNA. ATHENS REGIONAL HEALTH SYSTEM IS THE FORMER PARENT OF PIEDMONT ATHENS REGIONAL MEDICAL CENTER (SEE SECTION C).

SCH H, PART V, SECTION B, LINE 5

ATHENS REGIONAL HEALTH SYSTEM CONSULTED THE FOLLOWING ENTITIES WHEN CONDUCTING ITS MOST RECENT CHNA:

ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM

WISCONSIN COUNTY HEALTH RANKINGS

TICKER-NATIONAL RESEARCH CORPORATION

THE STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH

NORTHEAST GEORGIA HEALTH DISTRICT

PIEDMONT ATHENS REGIONAL MEDICAL CENTER

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

OUR DAILY BREAD

WHATEVER IT TAKES INITIATIVE

ATHENS NEIGHBORHOOD HEALTH

ATHENS NURSES CLINIC

ADVANTAGE BEHAVIORAL HEALTH SYSTEM

CHILDREN'S HEALTHCARE OF ATLANTA

HEALTH PLAN SELECT

ST. MARY'S HEALTH SYSTEM

MERCY HEALTH CENTER

AIDS ATHENS

ATHENS PBJ

INTER-COMMUNITY COUNCIL WITH ATHENS HOUSING AUTHORITY

BOYS AND GIRLS CLUN AT GARNETT RIDGE

ATHENS COMMUNITY COUNCIL ON AGING

SCH H, PART V, SECTION B, LINE 6A

ATHENS REGIONAL HEALTH SYSTEM CONDUCTED A JOINT 2015 CHNA WITH ST. MARY'S

HEALTHCARE SYSTEM.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

FORM SCH H PART I LINE 3C

NOT APPLICABLE SINCE THE HOSPITAL USES FEDERAL POVERTY GUIDELINES.

FORM SCH H PART I LINE 6A

PIEDMONT ATHENS REGIONAL HEALTH SERVICES PREPARES A COMBINED COMMUNITY

BENEFIT REPORT.

FORM SCH H PART I LINE 7G

THIS AMOUNT DOES NOT INCLUDE ANY SUBSIDIZED HEALTH SERVICES FROM

PHYSICIAN CLINICS.

FORM SCH H PART I LINE 7

PIEDMONT ATHENS REGIONAL MEDICAL CENTER IS IN THE PROCESS OF DEVELOPING

AND IMPLEMENTING A COSTING SYSTEM. HOWEVER, CURRENTLY, A COST TO CHARGE

RATIO WAS USED TO CALCULATE THE AMOUNTS SHOWN IN PART 1, LINE 7.

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

FORM SCH H PART III LINE 4

PIEDMONT ATHENS REGIONAL MEDICAL CENTER PROVIDES CARE FREE OF CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES TO PATIENTS WITH QUALIFYING FINANCIAL NEED UNDER ITS FINANCIAL ASSISTANCE -I.E. CHARITY CARE - POLICY. BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF CHARGES DETERMINED TO QUALIFY AS CHARITY CARE, THESE CHARGES ARE NOT REPORTED AS REVENUE. THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER THE HEALTH SYSTEM'S CHARITY CARE POLICY WAS APPROXIMATELY $33,786,700 FOR THE PERIOD OCTOBER 1, 2016 THROUGH JUNE 30, 2017 AND $58,384,324 FOR THE YEAR ENDED SEPTEMBER 30, 2016.

FORM SCH H PART III LINE 8

ANY SHORTFALL IS NOT REPORTED IN LINE 7 COMMUNITY BENEFIT. TO DETERMINE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT, THE COST-TO-CHARGE RATIO IS APPLIED TO GROSS PATIENT REVENUE ASSOCIATED WITH THE SERVICES PERFORMED FOR PATIENTS WHO ARE ELIGIBLE FOR MEDICARE.

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

FORM SCH H PART III LINE 9B

THE HOSPITAL'S COLLECTION POLICIES CONTAIN PROVISIONS FOR NOT UNDERTAKING COLLECTION ACTIONS AGAINST PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE - I.E., CHARITY CARE. AS SUCH, THE HOSPITAL WORKS EXPEDITIOUSLY TO DETERMINE WHEN PATIENT ARE ELIGIBLE FOR FINANCIAL ASSISTANCE, AND THEREFORE SHOULD NOT BE PURSUED FOR PAYMENT.

FORM SCH H PART V LINE 9B

FORM SCH H PART VI LINE 2

ATHENS REGIONAL HEALTH SYSTEM (ARHS), WITH THE LEADERSHIP OF TWO MASTERS-LEVEL INTERNS FROM THE UGA COLLEGE OF PUBLIC HEALTH, CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN 2014-2015. ARHS (PRIMARILY THROUGH PIEDMONT ATHENS REGIONAL MEDICAL CENTER) HAS A LONG HISTORY OF PROVIDING QUALITY HEALTH CARE SERVICES IN PARTNERSHIP WITH NUMEROUS COMMUNITY HEALTH AND SOCIAL SERVICE ORGANIZATIONS, ENABLING PREVENTATIVE HEALTH SERVICES AND COMMUNITY OUTREACH TO BE AVAILABLE TO INDIVIDUALS IN THE ARHS SERVICE AREA. PIEDMONT ATHENS REGIONAL MEDICAL CENTER SERVES THE

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

FOLLOWING COUNTIES: ATHENS-CLARKE, OCONEE, OGLETHORPE, MADISON, JACKSON,

BARROW, WALTON, MORGAN, GREENE, TALIAFERRO, WILKES, ELBERT, HART,

FRANKLIN, BANKS, STEPHENS AND HABERSHAM.

METHODS AND DATA SOURCES

A. METHODS

DATA COLLECTED FROM: INTERVIEWS WITH 12 ARHS INPATIENT AND OUTPATIENT

MEDICAL SPECIALTIES. INTERVIEWS WITH REPRESENTATIVES FROM 15 COMMUNITY

ORGANIZATIONS. SEARCHES IN SECONDARY SOURCES SUCH AS 5 ONLINE DATABASES

AS WELL AS ARMC INPATIENT DATA AND ED VISIT DATA.

B. SECONDARY DATA

OASIS, COUNTY HEALTH RANKINGS, TICKER, NORTHEAST GEORGIA HEALTH DISTRICT,

AND GEORGIA STATE GOVERNMENT.

C. PRIMARY DATA

OUR DAILY BREAD, WHATEVER IT TAKES, ATHENS NEIGHBORHOOD HEALTH CENTER,

ATHENS NURSES' CLINIC, ADVANTAGE BEHAVIORAL HEALTH SYSTEM, CHILDREN'S

Part VI Supplemental Information

Provide the following information

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2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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HEALTHCARE OF ATLANTA, ST. MARY'S HEALTH SYSTEM, MERCY HEALTH CENTER, AIDS ATHENS, ATHENS PBJ, INTER-COMMUNITY COUNCIL OF ATHENS HOUSING AUTHORITY, BOYS AND GIRLS CLUB AT GARNETT RIDGE, AND ATHENS COMMUNITY COUNCIL ON AGING.

THE TOP HEALTH NEEDS IDENTIFIED ARE AS FOLLOWS: MAJOR FINDINGS FROM THE INTERVIEWS AND DATA SOURCES SUGGEST THAT THERE ARE OVER-ARCHING NEEDS RELATED TO POVERTY, LACK OF ACCESS TO HEALTH CARE, ESPECIALLY FOR THE UNINSURED, AND LACK OF TRANSPORTATION. THE MOST PREVENTABLE AND ALSO MANAGEABLE DIAGNOSES IN THE COMMUNITY WERE IDENTIFIED TO BE UNTREATED MENTAL ILLNESS AND SUBSTANCE ABUSE, HEART DISEASE/HYPERTENSION, OBESITY, AND DIABETES. ACCORDING TO THE COLLECTED DATA, THE POPULATIONS MOST AT RISK FOR THESE HEALTH NEEDS WITHIN THE PIEDMONT ATHENS REGIONAL MEDICAL CENTER SERVICE AREA ARE THE UNINSURED AND THE HOMELESS. ASSESSMENT FOR THE REGION SERVED - AN INCREASINGLY ELDERLY POPULATION, AN INCREASING HISPANIC POPULATION, AND DECLINING HEALTH IN THE REGION. THE HOSPITAL HAS RESPONDED TO THESE NEEDS BY ENSURING THAT THE PROGRAMS OFFERED ARE RELEVANT TO THE POPULATION BEING SERVED AND ADEQUATELY MEETING THEIR

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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NEEDS.

FORM SCH H PART VI LINE 3

PIEDMONT ATHENS REGIONAL MEDICAL CENTER PROVIDES A WRITTEN PLAIN LANGUAGE SUMMARY OF ITS FINANCIAL ASSISTANCE - I.E., CHARITY - POLICY TO PATIENTS AT THE TIME OF REGISTRATION. THE HOSPITAL ALSO ADDS A CONSPICUOUS WRITTEN NOTICE TO ALL PATIENT STATEMENTS; POSTS NOTIFICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN REGISTRATION WAITING AREAS, AND PROVIDES A LINK TO THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY ON OUR WEBSITE. PATIENTS ARE ALSO VERBALLY INFORMED OF OUR CHARITY CARE POLICY DURING FINANCIAL COUNSELING. A COPY OF THE HOSPITAL'S CHARITY CARE POLICY IS PROVIDED TO PATIENTS IF REQUESTED.

FORM SCH H PART VI LINE 4

THE HOSPITAL SERVES A 17-COUNTY GEOGRAPHIC AREA IN NORTHEAST GEORGIA, INCLUDING ATHENS-CLARKE, OCONEE, OGLETHORPE, MADISON, JACKSON, BARROW,

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

WALTON, MORGAN, GREENE, TALIAFERRO, WILKES, ELBERT, HART, FRANKLIN,

BANKS, STEPHENS, AND HABERSHAM. THE COMMUNITY POPULATION RECEIVING

SERVICES IS PRIMARILY MEDICARE AND MEDICAID PATIENTS (APPROXIMATELY

65%). OF THE REMAINING PATIENTS, APPROXIMATELY 20% ARE EITHER SELF-PAY OR

UNINSURED WITH THE REMAINING 15% HAVING INSURANCE FROM A THIRD PARTY

PROVIDER.

FORM SCH H PART VI LINE 5

THE HOSPITAL FURTHERS ITS EXEMPT PURPOSE AND PROMOTES THE HEALTH OF THE

COMMUNITY THROUGH THE MANY EDUCATIONAL OUTREACH PROGRAMS OFFERED. THESE

PROGRAMS HELP TO EMPOWER THE PATIENTS SERVED WITH THE KNOWLEDGE, TOOLS

AND SKILLS TO LIVE A HEALTHIER LIFESTYLE. SOME NOTABLE PROGRAMS ARE:

- CPR/AED AND FIRST AID TRAINING

- HEALTH FAIRS AND HEALTH INFORMATION PROGRAMS

- HEALTH SCREENS

- TOBACCO CESSATION

- WEIGHT AND STRESS MANAGEMENT PROGRAMS, PUBLIC SCHOOL WALKING PROGRAM

- PRENATAL CLASSES/BIRTHING CENTER TOURS

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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- AQUATICS FOR ARTHRITIS CLASSES

- OLDER ADULT DRIVER EDUCATION CLASSES

- LATINO HEALTH FIESTA

- VARIOUS EDUCATIONAL CONFERENCES IN ADDITION, MANY OF OUR LEADERS AND TEAM MEMBERS VOLUNTEER THEIR TIME TO A VARIETY OF COMMUNITY BOARDS AND ORGANIZATIONS. ADDITIONALLY, THE HOSPITAL GENERALLY MAINTAINS AN OPEN MEDICAL STAFF.

FORM SCH H PART VI LINE 6

THE ORGANIZATION IS PART OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") SERVING THE HEALTHCARE NEEDS OF NORTH GEORGIA (PRIMARILY THE METROPOLITAN ATLANTA AREA AND THE NORTHEAST GEORGIA AREA). THE SYSTEM EXISTS TO PROVIDE PROGRESSIVE HEALTHCARE MARKED BY COMPASSION AND SUSTAINABLE EXCELLENCE TO ALL MEMBERS OF ITS COMMUNITY. COMMUNITY BENEFITS ARE GENERATED THROUGH THE PROVISION OF CHARITY CARE, GOVERNMENT-SPONSORED PROGRAMS (SUCH AS MEDICAID AND MEDICARE), MEDICAL RESEARCH, MEDICAL EDUCATION, COMMUNITY HEALTH IMPROVEMENT SERVICES, DONATIONS TO OTHER NONPROFIT HEALTH CARE PROVIDERS, AND MANY OTHER

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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COMMUNITY SERVICE ACTIVITIES.

IN FISCAL YEAR 2017, THE PIEDMONT HEALTHCARE SYSTEM INCLUDED SEVEN FULL-SERVICE HOSPITALS, TWO PHILANTHROPIC FOUNDATIONS, A CARDIOVASCULAR RESEARCH INSTITUTE, A PHYSICIAN NETWORK, AMBULATORY SURGERY CENTERS, AND OTHER HEALTH CARE PROVIDERS, ALL OF WHICH FALL UNDER THE COMMON CONTROL OF PIEDMONT HEALTHCARE, INC., PIEDMONT ATHENS REGIONAL MEDICAL CENTER'S SOLE MEMBER. THE SYSTEM'S SEVEN HOSPITALS ARE PIEDMONT HOSPITAL, A 643-BED ACUTE TERTIARY CARE FACILITY IN ATLANTA; PIEDMONT FAYETTE HOSPITAL, A 221-BED, ACUTE-CARE COMMUNITY HOSPITAL IN FAYETTEVILLE; PIEDMONT MOUNTAINSIDE HOSPITAL, A 52-BED COMMUNITY HOSPITAL IN JASPER; PIEDMONT NEWNAN HOSPITAL, A 136-BED, ACUTE-CARE COMMUNITY HOSPITAL IN NEWNAN; PIEDMONT HENRY HOSPITAL, A 215-BED ACUTE-CARE COMMUNITY HOSPITAL IN STOCKBRIDGE; PIEDMONT NEWTON HOSPITAL, A 97-BED ACUTE-CARE COMMUNITY HOSPITAL IN COVINGTON; AND PIEDMONT ATHENS REGIONAL MEDICAL CENTER, A 360-BED ACUTE-CARE HOSPITAL AND REGIONAL REFERRAL CENTER. AS PART OF THE PIEDMONT HEALTHCARE SYSTEM, CERTAIN AFFILIATES MAKE GRANTS AND/OR CONTRIBUTIONS TO OTHER RELATED NONPROFIT AFFILIATES TO HELP FINANCIALLY

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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SUPPORT AND/OR FUND WORTHY COMMUNITY BENEFITS ACTIVITIES.

FORM SCH H PART VI LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT IS FILED IN GEORGIA.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

Employer identification number

58-2179986

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	[ ] First-class or charter travel	[ ] Housing allowance or residence for personal use		
	[X] Travel for companions	[ ] Payments for business use of personal residence		
	[ ] Tax indemnification and gross-up payments	[X] Health or social club dues or initiation fees		
	[ ] Discretionary spending account	[ ] Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	[ ] Compensation committee	[ ] Written employment contract		
	[ ] Independent compensation consultant	[ ] Compensation survey or study		
	[ ] Form 990 of other organizations	[ ] Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	WENDY COOK	(i)	99,344.	66,419.	9,587.	50,342.	7,744.	233,436.	0.
	SECRETARTY THRU 3/16/17, CFO	(ii)	283,840.	50,648.	93,853.	0.	1,844.	430,185.	0.
2	CHARLES PECK, M.D.	(i)	201,656.	246,197.	19,799.	3,864.	824.	472,340.	0.
	PRESIDENT/CEO	(ii)	576,160.	72,303.	74,798.	33,054.	3,460.	759,775.	0.
3	KEVIN BROWN	(i)	0.	0.	0.	0.	0.	0.	0.
	CEO, PHC	(ii)	975,519.	732,082.	120,197.	318,570.	19,092.	2,165,460.	0.
4	JAMES G THAW	(i)	0.	0.	0.	0.	0.	0.	0.
	FORMER OFFICER	(ii)	0.	0.	405,745.	59,595.	1,266.	466,606.	0.
5	LORI GILES	(i)	232,489.	65,684.	20,534.	36,001.	8,537.	363,245.	0.
	VP & CNO	(ii)	0.	0.	0.	0.	0.	0.	0.
6	GEOFFREY COLE, MD	(i)	308,837.	72,332.	34,819.	25,569.	3,198.	444,755.	0.
	VP, ANCILLARY SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
7	JAMES MOORE, MD	(i)	0.	0.	209,532.	18,355.	1,281.	229,168.	0.
	VP & CMO	(ii)	0.	0.	0.	0.	0.	0.	0.
8	NORMAN BURKETT, JR	(i)	266,544.	64,216.	24,157.	24,761.	6,888.	386,566.	0.
	VP, PROF SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
9	PAUL COLLAR	(i)	214,503.	50,363.	6,495.	22,583.	7,758.	301,702.	0.
	DIR, MANAGED CARE	(ii)	0.	0.	0.	0.	0.	0.	0.
10	DARREL LAWSON	(i)	220,801.	49,532.	0.	21,367.	2,001.	293,701.	0.
	EXC DIR, REVENUE CYCLE	(ii)	0.	0.	0.	0.	0.	0.	0.
11	DON TYSON	(i)	178,087.	41,837.	4,909.	17,054.	6,713.	248,600.	0.
	DIR, PHARMACY	(ii)	0.	0.	0.	0.	0.	0.	0.
12	DIANE TODD	(i)	213,926.	53,617.	43,628.	22,442.	5,983.	339,596.	0.
	VP CORP - COMPLIANCE & OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
13	JAMES APPIAH-PIPPIM, MD	(i)	336,938.	0.	859.	17,811.	0.	355,608.	0.
	FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
14	ROBERT FINCH	(i)	65,962.	38,588.	19,881.	1,414.	846.	126,691.	0.
	VP HUMAN RESOURCES	(ii)	175,272.	20,542.	30,465.	15,266.	3,975.	245,520.	0.
15	TAMMY GILLAND	(i)	197,316.	51,945.	20,763.	7,478.	1,662.	279,164.	0.
	VP FOUNDATION	(ii)	0.	0.	0.	0.	0.	0.	0.
16	MARIE DIFRANCESCO	(i)	166,854.	38,309.	7,661.	16,093.	4,167.	233,084.	0.
	DIRECTOR APPLICATION SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CATHERINE APALOO FACULTY PROGRAM DIRECTOR	(i)	289,785.	30,000.	0.	26,631.	7,388.	353,804.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	LOUIS DUHE VP AND CIO	(i)	108,146.	61,138.	0.	12,306.	590.	182,180.	0.
		(ii)	112,695.	0.	19,463.	24,503.	1,072.	157,733.	0.
3	JODY CORRY VP IN HOUSE LEGAL	(i)	76,731.	44,888.	6,682.	3,320.	1,141.	132,762.	0.
		(ii)	203,886.	16,304.	34,874.	7,395.	4,794.	267,253.	0.
4	ROBERT SINYARD JR. MD VP MEDICAL AFFAIRS	(i)	427,853.	32,028.	51,975.	65,606.	6,515.	583,977.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM SCH J PART I LINE 1A

COMPANION TRAVEL AND CLUB DUES

BOARD TRUSTEES ARE PROVIDED COMPANION TRAVEL - TAXABLE AMOUNT INCLUDED IN COMPENSATION. OFFICERS ARE PROVIDED SOCIAL CLUB DUES - TAXABLE AMOUNT INCLUDED IN COMPENSATION.

OTHER COMPENSATION ITEMS

DR. CHARLES PECK RECEIVED A DISCRETIONARY SPENDING ACCOUNT TOTALING $3,000, A FIXED AMOUNT DETERMINED BY HIS JOB LEVEL. THIS SPENDING ACCOUNT WAS INCLUDED IN DR. PECK'S TAXABLE WAGES.

FORM SCH J PART I LINE 1B

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC. DOES NOT HAVE A WRITTEN POLICY REGARDING PAYMENTS OR REIMBURSEMENT OF EXPENSES ON LINE 1A. HOWEVER, COMPANION TRAVEL FOR BOARD MEMBERS ATTENDING OVERNIGHT EVENTS WAS APPROVED BY CHARLES PECK, CEO OF ATHENS REGIONAL HEALTH SERVICES, INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

FORM SCH J PART I LINE 4A

SEVERANCE PAYMENT

CERTAIN OFFICERS HAVE WRITTEN SEVERANCE AGREEMENTS WITH THE EMPLOYER. THIS SEVERANCE AGREEMENT TYPICALLY PROVIDES THAT IN THE EVENT OF INVOLUNTARY TERMINATION THE OFFICER WILL CONTINUE TO RECEIVE THE OFFICER'S BASE COMPENSATION FOR A PERIOD OF 24 MONTHS FOLLOWING THE OFFICER'S DATE OF TERMINATION. THE OFFICER IS ALSO ENTITLED AS ADDITIONAL SEVERANCE ANY OTHER BENEFITS TO WHICH HE WOULD HAVE BEEN ENTITLED HAD THE EXECUTIVE REMAINED AN EMPLOYEE. THE VALUE OF THE OTHER BENEFITS ARE MADE AVAILABLE TO THE OFFICER IN ACTUAL BENEFITS OR EQUIVALENT VALUE TO THE EXTENT PERMITTED IN LAW AND BY UNDERLYING CONTRACTS THAT MAY SUPPORT SUCH BENEFITS. JAMES MOORE RECEIVED SEVERANCE PAYMENT TOTALING $229,168 AND JAMES THAW RECEIVED SEVERANCE PAYMENTS TOTALING $466,606.

FORM SCH J PART I LINE 4B

SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN

ATHENS REGIONAL HEALTH SYSTEMS HAS A 457(F) PLAN WHEREBY EMPLOYER CONTRIBUTIONS ARE DEPOSITED INTO THE PLAN SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE IF THE EXECUTIVE FAILS TO COMPLETE FIVE YEARS-OF-SERVICE.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ALL EMPLOYER CONTRIBUTIONS (DEFERRALS) WERE MADE PRIOR TO 2006. EACH EXECUTIVE HAS BEEN TAXED ON THE DEPOSIT INTO THE 457(F) PLAN, AS THEY HAVE REACHED THEIR SERVICE COMPLETION DATE. THE FOLLOWING AMOUNTS RESULT FROM PARTICIPATING IN A NONQUALIFIED RETIREMENT PLAN:

ROBERT SINYARD $33,009

GEOFFREY COLE $710

KEVIN BROWN AND DR. CHARLES PECK PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THROUGH PIEDMONT HEALTHCARE, BUT DID NOT RECEIVE CURRENT YEAR PAYMENTS.

FORM SCH J PART I LINE 5A & 6A

CONTINGENT COMPENSATION

THROUGH OCTOBER 1, 2016, EXECUTIVE AND LEADERSHIP POSITIONS WERE ELIGIBLE TO PARTICIPATE IN A VARIABLE PAY PLAN. GROSS REVENUES AND NET EARNINGS ARE VARIABLE PAY PLAN FACTORS. THIS PLAN PROVIDES INCENTIVES BASED ON SYSTEM PERFORMANCE. THE RESULTS ARE BASED ON THE ACCOMPLISHMENT OF SPECIFIC STRATEGIC OBJECTIVES INVOLVING (1) SUSTAINED AND IMPROVED FINANCIAL PERFORMANCE AND EFFICIENCY (2) EMPLOYEE SATISFACTION AND

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

RETENTION (3) IMPROVED CUSTOMER SATISFACTION INCLUDING MEMBERS, PHYSICIANS, PATIENTS, AND EMPLOYEES (4) MAINTENANCE AND IMPROVEMENT IN QUALITY AND CLINICAL OUTCOMES. THE PERFORMANCE SCORECARD IS DETERMINED ANNUALLY AND APPROVED BY THE BENEFITS AND COMPENSATION COMMITTEE OF THE BOARD. THE PLAN WILL BE DISALLOWED BASED ON LOSS OF THE JOINT COMMISSION ACCREDITATION OR A VIOLATION OF THE BOND COVENANTS.

SCHEDULE J, PART I, LINE 3

COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR

THE COMPENSATION FOR THE PRESIDENT/CEO OF PIEDMONT ATHENS REGIONAL MEDICAL CENTER IS SET BY THE ENTITY'S PARENT, PIEDMONT HEALTHCARE, INC. PLEASE SEE THE SCHEDULE O NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A & 15B FOR ADDITIONAL INFORMATION.

SCHEDULE J, PART I, LINE 7

EFFECTIVE OCTOBER 1, 2016, CERTAIN EMPLOYEES PARTICIPATED IN AN "ANNUAL INCENTIVE PLAN" UNDER WHICH THEY RECEIVED NON-FIXED BONUS PAYMENTS BASED ON JOB LEVEL AND SEVERAL DIFFERENT PERFORMANCE METRICS.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

Employer identification number
58-2179986

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	THE HOSPITAL AUTHORITY OF CLARKE COUNTY, GA	58-6003375	181685JM1	11/16/2016	199,625,718	REFINANCING		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	199,625,718.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	7,332.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	199,618,386.			
12	Other unspent proceeds				
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

ATHENS REGIONAL MEDICAL CENTER, INC.

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*	2016 Open to Public Inspection

Name of the organization	Employer identification number
PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.	58-2179986

FORM 990, PART VI, SECTION A, LINE 6

ORGANIZATION'S SOLE MEMBER

PIEDMONT HEALTHCARE, INC., (EIN 58-1503902) IS THE SOLE MEMBER OF PIEDMONT ATHENS REGIONAL MEDICAL CENTER ("PAR").

FORM 990, PART VI, SECTION A, LINE 7A

ELECTION OF GOVERNING BODY

THE BOARD OF PIEDMONT HEALTHCARE, PIEDMONT ATHENS REGIONAL MEDICAL CENTER'S SOLE MEMBER, APPOINTS THE MEMBERS OF THE BOARD OF DIRECTORS OF PIEDMONT ATHENS REGIONAL MEDICAL CENTER.

FORM 990, PART VI, SECTION A, LINE 7B

DECISIONS OF GOVERNING BODY

PIEDMONT ATHENS REGIONAL MEDICAL CENTER'S BOARD POLICIES AND DECISIONS MUST BE FILED, IMMEDIATELY AFTER ADOPTION, WITH THE SECRETARY OF THE PIEDMONT HEALTHCARE BOARD OF DIRECTORS. SUCH POLICIES AND DECISIONS OF THE PIEDMONT ATHENS REGIONAL MEDICAL CENTER BOARD OF DIRECTORS ARE NOT SUBJECT TO THE APPROVAL OF OR RATIFICATION BY THE PIEDMONT HEALTHCARE BOARD, BUT SHOULD THE NEED ARISE, THEY MAY BE RESCINDED BY THE PIEDMONT HEALTHCARE BOARD THROUGH A MAJORITY VOTE OF ITS DIRECTORS.

FORM 990 PART VI LINE 11B

PRIOR TO FILING, COPIES OF FORM 990 ARE PROVIDED TO THE BOARD OF DIRECTORS OF PIEDMONT HEALTHCARE, INC., THE ORGANIZATION'S SOLE MEMBER,

Name of the organization	Employer identification number
PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.	58-2179986

FOR BOARD REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY

COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED BY ORGANIZATION MANAGEMENT IN COORDINATION WITH PIEDMONT HEALTHCARE'S CHIEF COMPLIANCE OFFICER. ALL SENIOR LEADERS, BOARD MEMBERS, PHYSICIAN EMPLOYEES, NURSE PRACTITIONERS/PHYSICIAN ASSISTANTS AND EMPLOYEES AND NON-EMPLOYEES ENGAGED IN RESEARCH ARE REQUIRED TO ANNUALLY DISCLOSE ALL MATTERS WHICH COULD POTENTIALLY CONSTITUTE A CONFLICT OF INTEREST. MATTERS DISCLOSED UNDER THE POLICY MUST BE REVIEWED IN WRITING BY THE PIEDMONT HEALTHCARE CONFLICT OF INTEREST COMMITTEE IN ORDER TO DETERMINE WHETHER A CONFLICT EXISTS AND, IF SO, WHETHER TO ELIMINATE OR MANAGE THE CONFLICT. ALL BOARD MEMBERS AND EMPLOYEES OF PIEDMONT ATHENS REGIONAL MEDICAL CENTER ARE PROVIDED TRAINING ON CONFLICT OF INTEREST ISSUES, INCLUDING REPORTING REQUIREMENTS, AT NEW-EMPLOYEE ORIENTATION AND AT LEAST ANNUALLY THEREAFTER. NONCOMPLIANCE WITH THE CONFLICT OF INTEREST POLICY MUST BE REPORTED TO PIEDMONT HEALTHCARE'S SENIOR VICE PRESIDENT OF COMPLIANCE FOR INVESTIGATION, AND REMEDIAL STEPS MUST BE TAKEN AS APPROPRIATE UNDER THE PIEDMONT HEALTHCARE DISCIPLINARY POLICIES.

FORM 990, PART VI, SECTION B, LINE 15A, 15B

EXECUTIVE COMPENSATION

COMPENSATION FOR EXECUTIVES OF PIEDMONT ATHENS REGIONAL MEDICAL CENTER IS SET BY THE BOARD OF DIRECTORS OF PIEDMONT HEALTHCARE, INC.

Name of the organization	Employer identification number
PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.	58-2179986

THE PIEDMONT HEALTHCARE, INC., BOARD OF DIRECTOR'S EXECUTIVE PERFORMANCE AND COMPENSATION COMMITTEE ("THE COMMITTEE") IS COMPOSED OF AT LEAST THREE MEMBERS OF THE PHC BOARD OF DIRECTORS, SERVING TERMS OF THREE YEARS, AND THE MAJORITY OF WHICH ARE COMMUNITY DIRECTORS WHO GENERALLY DO NOT HAVE CONFLICTS OF INTEREST RELATED TO FULFILLMENT OF THE DUTIES AS OUTLINED BELOW.

THE EXECUTIVE PERFORMANCE AND COMPENSATION COMMITTEE ("COMMITTEE") OVERSEES EXECUTIVE PERFORMANCE AND COMPENSATION ON BEHALF OF THE PHC BOARD, SUBJECT TO THE ULTIMATE AUTHORITY AND OVERSIGHT OF THE BOARD. THE COMMITTEE ALSO FORMULATES POLICIES AND MAKES DECISIONS IN ORDER TO ENSURE A HIGH LEVEL OF EXECUTIVE PERFORMANCE.

THE COMMITTEE IS AUTHORIZED TO ACT ON BEHALF OF THE PHC BOARD AS SET OUT IN ITS CHARTER, AND THE COMMITTEE IS ALSO CHARGED WITH PROVIDING RECOMMENDATIONS AND PERIODIC REPORTS TO THE PHC BOARD REGARDING EXECUTIVE PERFORMANCE AND COMPENSATION.

FUNCTIONS OF THE COMMITTEE

-ASSESS AND IMPLEMENT POLICIES REGARDING PERFORMANCE, COMPENSATION AND BENEFITS OF THE PRESIDENT/CEO AND OTHER EXECUTIVES AS DETERMINED BY THE COMMITTEE

-SELECT AN EXECUTIVE COMPENSATION CONSULTANT WHO REPORTS TO THE COMMITTEE

Name of the organization	Employer identification number
PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.	58-2179986

-ANNUALLY REVIEW THE PRESIDENT/CEO SUCCESSION PLAN

-FORMULATE AND IMPLEMENT ANNUAL PERFORMANCE OBJECTIVES FOR THE PRESIDENT/CEO, AND REVIEW AND APPROVE ANNUALLY RECOMMENDATIONS FROM THE PRESIDENT/CEO RELATING TO COMPENSATION, PERFORMANCE OBJECTIVES, AND SUCCESSION PLANS FOR EVP EXECUTIVES

-ANNUALLY ASSESS PRESIDENT/CEO PERFORMANCE; IF NECESSARY, IMPLEMENT ACTION PLAN WITH PRESIDENT/CEO INPUT TO IMPROVE HIS/HER PERFORMANCE; ADJUST COMPENSATION AS APPROPRIATE; THE COMMITTEE CHAIR SHALL CONSULT WITH THE PHC GOVERNANCE COMMITTEE CHAIR AND THE PHC BOARD CHAIR AND SHALL COORDINATE THE ANNUAL PERFORMANCE REVIEW OF THE PHC PRESIDENT/CEO, UNLESS THE PHC BOARD CHAIR HAS A REAL OR PERCEIVED CONFLICT OF INTEREST, IN WHICH CASE THE COMMITTEE CHAIR SHALL DETERMINE THE PROPER REVIEW PROCESS

-REVIEW AND APPROVE LONG TERM AND SHORT TERM GOALS TO BE USED IN CONNECTION WITH EVP COMPENSATION PROGRAMS AS RECOMMENDED BY THE PRESIDENT/CEO AND VALIDATED BY THE COMPENSATION CONSULTANT

-PERIODICALLY REVIEW COMPENSATION, IF ANY, FOR THE PHC BOARD CHAIR AND ALL BOARD CHAIRS OF THE PHC SUBSIDIARIES

-ESTABLISH OTHER POLICIES AND PROCEDURES, AND PERFORM OTHER TASKS, RELATED TO EXECUTIVE PERFORMANCE AND COMPENSATION, INCLUDING BUT NOT LIMITED TO, APPROVAL OF EXECUTIVE EMPLOYMENT CONTRACTS AND BENEFITS

-PERIODICALLY REPORT SIGNIFICANT DECISIONS AND ANY ADDITIONAL REQUESTED INFORMATION TO THE PHC BOARD

FORM 990, PART VI, SECTION C, LINE 19

DISCLOSURE OF GOVERNING, CONFLICT OF INTEREST AND FINANCIAL DOCUMENTS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

Name of the organization	Employer identification number
PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.	58-2179986

STATEMENTS ARE AVAILABLE UPON REQUEST. THESE DOCUMENTS SHOULD BE REQUESTED FROM PIEDMONT HEALTHCARE, INC.'S LEGAL COUNSEL.

FORM 990 PART VI, SECTION C, LINE 4

THE NAME WAS CHANGED TO PIEDMONT ATHENS REGIONAL MEDICAL CENTER. PIEDMONT HEALTHCARE, INC. (EIN: 58-1503902) BECAME THE SOLE MEMBER. UPON DISSOLUTION, THE BOARD OF DIRECTORS, AFTER PAYING OR MAKING PROVISION FOR PAYMENT OF ALL OF THE LIABILITIES OF THE CORPORATION, SHALL DISTRIBUTE ALL OF THE ASSETS OF THE CORPORATION TO PIEDMONT HEALTHCARE, INC.

FORM 990 PART XI, LINE 9

RECONCILIATION OF NET ASSETS

CHANGES TO NET ASSETS REPORTED ON PART XI, LINE 9 ARE COMPRISED OF $40,643,140 INTERCOMPANY TRANSFERS OF LIABILITIES AND BOOK/TAX DIFFERENCES OF $1,560,004.

Name of the organization: PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

Employer identification number: 58-2179986

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MEDICAL CENTER ANESTHESIOLOGY P.O. BOX 7337 ATHENS, GA 30604	ANESTHESIA PROVIDER	3,837,212.
GEORGIA EMERGENCY MEDICINE SPECIALISTS P.O. BOX 5719 ATHENS, GA 30604	PHYSICIAN COVERAGE	2,337,898.
NAVIGANT CONSULTING 4511 PAYSHERE CIRCLE CHICAGO, IL 60674	MGMT CONSULTANTS	1,675,906.
ATHENS PULMONARY & ALLERGY PC 3320 OLD JEFFERSON RD, BLDG 200, STE A ATHENS, GA 30607	MED. DIR. & PROF FEE	1,589,638.
DRINKER BIDDLE & REATH 191 N WACKER DRIVE SUITE 3700 CHICAGO, IL 60606	LEGAL SERVICES	1,313,417.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

Employer identification number

58-2179986

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PIEDMONT HEALTHCARE, INC 58-1503902 1800 HOWELL MILL ROAD, SUITE 8 ATLANTA, GA 30318	MANAGEMENT	GA	501(C)(3)	11 C	N/A		X
(2) PIEDMONT HOSPITAL, INC 58-0566213 1968 PEACHTREE ROAD NW ATLANTA, GA 30309	HOSPITAL	GA	501(C)(3)	3	PHC		X
(3) FAYETTE COMMUNITY HOSPITAL, INC 58-2232328 1255 HIGHWAY 54 WEST FAYETTEVILLE, GA 30214	HOSPITAL	GA	501(C)(3)	3	PHC		X
(4) PIEDMONT MOUNTAINSIDE HOSPITAL, INC 35-2228583 1266 HIGHWAY 515 SOUTH JASPER, GA 30143	HOSPITAL	GA	501(C)(3)	3	PHC		X
(5) PIEDMONT NEWNAN HOSPITAL, INC 20-5077249 745 POPLAR ROAD NEWNAN, GA 30265	HOSPITAL	GA	501(C)(3)	3	PHC		X
(6) PIEDMONT HEALTHCARE FOUNDATION, INC 58-1272768 2001 PEACHTREE ROAD NE, SUITE ATLANTA, GA 30309	FUNDRAISING	GA	501(C)(3)	11 B	PHC		X
(7) PIEDMONT HENRY HOSPITAL, INC 58-2200195 1133 EAGLE'S LANDING PKWY STOCKBRIDGE, GA 30281	HOSPITAL	GA	501(C)(3)	3	PHC		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

Employer identification number

58-2179986

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) HENRY DEVELOPMENT VENTURES, INC 58-2200734 1133 EAGLE'S LANDING PKWY STOCKBRIDGE, GA 30281	RE HOLDING	GA	501(C)(2)	N/A	PHH		X
(2) CENTER FOR HEALTH AND LEARNING INC 26-2442849 3001 MERCER UNIVERSITY DR ATLANTA, GA 30341	EDUCATION	GA	501(C)(3)	11A	N/A		X
(3) PIEDMONT NEWTON HOSPITAL, INC 58-2155150 5126 HOSPITAL DRIVE, NE COVINGTON, GA 30014	HOSPITAL	GA	501(C)(3)	3	PHC		X
(4) PIEDMONT HEART INSTITUTE, INC 26-3553500 95 COLLIER ROAD NW STE 2045 ATLANTA, GA 30309	HOSPITAL	GA	501(C)(3)	7	PHC		X
(5) PIEDMONT ATHENS REGIONAL HEALTH RESOURCE 58-1930580 1199 PRINCE AVENUE ATHENS, GA 30606	DEVELOPMENT	GA	501(C)(3)	11B	N/A		X
(6) PIEDMONT ATHENS REGIONAL FOUNDATION, INC 58-1978389 1199 PRINCE AVENUE ATHENS, GA 30606	FUNDRAISING	GA	501(C)(3)	11B	N/A		X
(7) ATHENS REGIONAL SPECIALTY SERVICES, INC 27-1975001 1199 PRINCE AVENUE ATHENS, GA 30606	HEALTHCARE	GA	501(C)(3)	3	N/A		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

Employer identification number

58-2179986

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) ATHENS REGIONAL PHYSICIAN SERVICES, INC 58-2332921 1199 PRINCE AVENUE ATHENS, GA 30606	HEALTHCARE	GA	501(C)(3)	11B	N/A		X
(2) REGIONAL FIRSTCARE, INC 58-2362733 1199 PRINCE AVENUE ATHENS, GA 30606	URGENT CARE	GA	501(C)(3)	11B	N/A		X
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HENRY RADIATION ONCOLOGY CENTE 275 PROFESSIONAL COURT, STE A	HEALTHCARE	GA	N/A									
(2) PEACHTREE ORTHOPAEDIC SURGERY 2001 PEACHTREE RD, NE, STE 705	SURGERY	GA	N/A									
(3) DIGESTIVE HEALTHCARE OF GA SUR 95 COLLIER RD, NW, STE 4075 AT	HEALTHCARE	GA	N/A									
(4) SOUTHERN CRESCENT RADIATION ON 275 PROFESSIONAL COURT, STE A	RADIATION	GA	N/A									
(5) GRIFFIN RADIATION ONCOLOGY CEN 275 PROFESSIONAL COURT, STE A	RADIATION	GA	N/A									
(6) FOUR WINDS HEALTH, LLC 45-1273 3350 RIVERWOOD PKWY, STE 1850	HEALTHCARE	GA	N/A									
(7) GEORGIA HEALTH COLLABORATIVE, 2727 PACES FERRY RD, BLDG 2, S	HEALTHCARE	GA	N/A									

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) PIEDMONT MEDICAL CARE CORPORATION 58-2092768 2727 PACES FERRY ROAD SUITE 1-1100 ATLANTA, GA 30339	HEALTHCARE	GA	N/A	C-CORP					
(2) THE PIEDMONT CLINIC, INC 58-2005358 2727 PACES FERRY ROAD SUITE 1-1100 ATLANTA, GA 30339	HEALTHCARE	GA	N/A	C-CORP					
(3) PIEDMONT HEART INSTITUTE PHYSICIANS, INC 26-0593850 95 COLLIER ROAD NW STE 2045 ATLANTA, GA 30309	HEALTHCARE	GA	N/A	C-CORP					
(4) AMSTER MCRAE INSURANCE COMPANY 98-0427603 P O BOX 1159 GRAND CAYMAN GRAND CAYMAN, CJ KY1-1102	RELATED INSUR	CJ	N/A	C-CORP					
(5) PIEDMONT WELLSTAR HEALTHPLANS, INC 46-1922499 2859 PACES FERRY ROAD, SUITE 600 ATLANTA, GA 30339	HEALTH INSURA	GA	N/A	C-CORP					
(6)									
(7)									

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i	X	
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Control Number : K428475

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF RESTATED ARTICLES

NAME CHANGE

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

ATHENS REGIONAL MEDICAL CENTER, INC.
a **Domestic Nonprofit Corporation**

has amended and filed duly restated articles in the Office of the Secretary of State on 10/01/2016 changing its name to

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
a **Domestic Nonprofit Corporation**

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said restated articles.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 09/28/2016

Brian P. Kemp
Secretary of State

CERTIFICATE OF AMENDED AND RESTATED ARTICLES OF INCORPORATION OF ATHENS REGIONAL MEDICAL CENTER, INC.

September 30, 2016

Pursuant to Section 14-3-1006 of the Georgia Nonprofit Corporation Code, ATHENS REGIONAL MEDICAL CENTER, INC , a Georgia non-profit corporation, hereby certifies that:

I.

The name of the corporation is. Athens Regional Medical Center, Inc.

II.

The original Articles of Incorporation of the Corporation were filed with the office of the Secretary of State of Georgia on September 8, 1994

III.

Pursuant to Section 14-3-821 of the Georgia Nonprofit Corporation Code, the Board of Trustees of the Corporation duly adopted resolutions on September 27, 2016, setting forth and declaring advisable that the Corporation amend and restate its Articles of Incorporation by deleting the provisions thereof in their entirety and substituting in lieu thereof new provisions so that, as amended and restated, the provisions shall read in their entirety as hereinafter set forth.

IV.

The Amended and Restated Articles of Incorporation do not contain any amendment requiring the approval by the members or any other person other than the Board of Trustees of the Corporation.

V.

The Amended and Restated Articles of Incorporation supersede the Articles of Incorporation and all amendments thereto and are effective as of 12:01 AM on October 1, 2016

VI.

The undersigned officer, who has delivered Amended and Restated Articles of Incorporation for the Corporation, changing the corporate name to Piedmont Athens Regional Medical Center, Inc., as of the date hereof, hereby verifies that the request for publication of a Notice of Change of Corporate Name to change the name of Athens Regional Medical Center, Inc. and payment therefor has been made as required by Subsection (b) of Section 14-3-1005 1 of the Georgia Nonprofit Corporation Code

VII.

The Amended and Restated Articles of Incorporation are attached hereto

[Signature Page Follows]

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amended and Restated Articles of Incorporation to be executed by its duly authorized officer as of the date first above written.

ATHENS REGIONAL MEDICAL CENTER, INC.

By: _____

Chair

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

The Articles of Incorporation of PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC. are as follows:

I.

The name of the Corporation shall be Piedmont Athens Regional Medical Center, Inc

II.

The Corporation is organized pursuant to the provisions of the Georgia Nonprofit Corporation Code The Corporation shall have no capital stock and shall have one member. The sole member of the Corporation shall be Piedmont Healthcare, Inc.

III.

The Corporation shall have perpetual duration.

IV.

The Corporation shall be organized and at all times thereafter operated exclusively for public charitable, educational and scientific uses and purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code The purpose of the Corporation is to serve and promote the public health of the general population and particularly to lease, from the Hospital Authority of Clarke County, and operate the Piedmont Athens Regional Medical Center and its related

facilities as an acute care general hospital for the benefit of the general public. In furtherance of such purposes, the Corporation shall have full power and authority:

1. To provide hospital or medical care and to carry out, directly or indirectly, related health care functions and other related services supportive of health care functions,

2. To own and operate, directly or indirectly, hospitals, healthcare facilities, wellness centers, and other related facilities promoting the health and well-being of the general public,

3. To promote the delivery of health care to the general public by providing services and resources to hospitals and other health care organizations; and

4. To carry on planning, fund raising and other activities related to the promotion of the health of persons within the Corporation's service area, including the making of contributions to other exempt organizations for such purposes; and to perform all other acts necessary or incidental to the above and to do whatever is deemed necessary, useful, advisable, or conducive, directly or indirectly, as set forth in these articles of incorporation and the by-laws, including the exercise of all other power and authority enjoyed by corporations generally by virtue of the provisions of the Georgia Nonprofit Corporation Code (within and subject to the limitations of Section 501(c)(3) of the Internal Revenue Code).

The Corporation shall serve only such purposes and functions and shall engage only in such activities as are consistent with the purposes set forth in this Article IV and as are exclusively charitable, educational and scientific and are entitled to charitable status under Section 501(c)(3) of the Internal Revenue Code.

V.

The Corporation shall be neither organized nor operated for pecuniary gain or profit

(i) No part of the property of the Corporation and no part of its net earnings shall inure to the benefit of or be distributable to any member, director, officer or trustee of the Corporation or any other private person except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distribution in furtherance of the purposes as set forth in Article IV hereof. The Corporation shall engage only in activities in furtherance of the purposes for which the Corporation is organized as stated above

(ii) The Corporation shall not carry on propaganda or otherwise attempt to influence legislation to an extent that would disqualify it for tax exemption under Section 501(c)(3) of the Internal Revenue Code by reason of attempting to influence legislation. The Corporation shall not participate in or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

(iii) Notwithstanding any other provisions of these Articles of Incorporation, the Corporation shall not carry on any other activities not permitted to be carried on

(1) By a corporation exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code and which is other than a private foundation within the meaning of Section 509(a) of the Internal Revenue Code; or

(2) By a corporation, contributions to which are deductible for federal income tax purposes under Section 170(c)(2) of the Internal Revenue Code It is intended that the Corporation shall have and continue to have, the status of an organization which is exempt from federal income taxation under Section

501(c)(3) of the Internal Revenue Code and which is other than a private foundation within the meaning of Section 509(a) of the Internal Revenue Code All terms and provisions of these Articles of Incorporation and the By-laws of the Corporation and all authority and operations of the Corporation shall be construed, applied and carried out in accordance with such intent.

VI.

In the event of the dissolution of this Corporation, the Board of Trustees, after paying or making provision for the payment of all of the liabilities and obligations of the Corporation, shall distribute all of the assets of the corporation to Piedmont Healthcare, Inc (provided that Piedmont Healthcare, Inc is at such time organized and operated exclusively for purposes as shall cause it to qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code) to be used exclusively for public purposes In the event that Piedmont Healthcare, Inc is not then in existence, is not exempt under Section 501(c)(3) of the Internal Revenue Code or is for any other reason unable to accept title to such assets, then the Board of Trustees shall distribute all of the assets of the Corporation to one of more organizations which themselves are exempt as organizations described in Section 501(c)(3) and 170(c)(2) of the Internal Revenue Code or corresponding sections of any prior or future Internal Revenue Law, or to the Federal, State of local government for exclusive public purpose In the event that for any reason upon the dissolution of the Corporation the Board of Trustees of the Corporation shall fail to act in the manner herein provided within a reasonable time, the Senior Judge of the Superior Court of Athens-Clarke County shall make such distribution as herein provided upon the application of one or more persons having a real interest in the corporation or its assets. Notwithstanding any other provisions of these Articles, the Corporation shall not carry on any

other activities not permitted to be carried on by (a) a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, as amended, or a corresponding provision of any future United States Internal Revenue Law, or (b) a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code or any other corresponding provision of any future United States Internal Revenue Law.

VII.

The affairs of the Corporation shall be managed by a Board of Trustees. The method of election of Trustees shall be as determined by the By-Laws of the Corporation.

VIII.

The mailing address of the principal office of the Corporation shall be 1199 Prince Avenue, Athens-Clarke County, Georgia 30606.

IX.

The registered office of the Corporation shall be at 1201 Peachtree Street, NE, Atlanta, Fulton County, Georgia 30361. The registered agent of the Corporation at such address shall be C T Corporation System

X.

No trustee shall have any personal liability to the Corporation or to its members for monetary damages for breach of duty of care or other duty as a trustee, by reason of any act or omission occurring subsequent to the date when this provision becomes effective, except that this provision shall not eliminate or limit the liability of a trustee for (a) any appropriation, in violation of his duties, of any business opportunity of the Corporation; (b) acts or omissions which involve intentional misconduct or a knowing violation of law; (c) liabilities of a trustee imposed by Section 14-2-831 of the Georgia Business Corporation Code; or (d) any transaction

from which the trustee derived an improper personal benefit.

XI.

These Articles of Incorporation may be amended at any time and from time to time by the affirmative vote of a majority of all of the Trustees then in office, provided that no amendment shall become effective without the prior approval of the Board of Piedmont Healthcare, Inc.

XII.

These Articles of Incorporation were approved by the Board of Trustees of the Corporation on September 27, 2016, to be effective as of 12.01 AM on October 1, 2016.

* * * *

IN WITNESS WHEREOF, Piedmont Athens Regional Medical Center, Inc. has caused these Amended and Restated Articles of Incorporation to be executed by its duly authorized officer.

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

By: _____

Chair

2010 SEP 28 AM 9:30

CORPORATIONS DIVISION